

09/960382

# CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|  |              |              |
|--|--------------|--------------|
| <b>TOTAL CLAIMS</b>  |              |              |
| <b>FOR</b>   | NUMBER FILED | NUMBER EXTRA |
| <b>TOTAL CHARGEABLE CLAIM</b>                                    | minus 20     |              |
| <b>INDEPENDENT CLAIMS</b>  | minus 3      |              |
| <b>MULTIPLE DEPENDENT CLAIM PRESENT</b> <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

|                    |  |                                  |       |                                    |               |
|--------------------|--|----------------------------------|-------|------------------------------------|---------------|
| <b>AMENDMENT A</b> |  | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|                    | Total  | 8                                | Minus | 20                                 | /             |
|                    | Independent  | 1                                | Minus | 3                                  | /             |
|                    | <b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

| RATE      | FEE    | OR | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 320.00 | OR | BASIC FEE | 740.00 |
| X\$ 9=    | /      | OR | X\$18=    | /      |
| X42=      | /      | OR | X84=      | /      |
| +140=     | /      | OR | +280=     | /      |
| TOTAL     |        | OR | TOTAL     | 710.00 |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           | /              | OR | X\$18=           | /              |
| X42=             | /              | OR | X84=             | /              |
| +140=            | /              | OR | +280=            | /              |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|                    |  |                                  |       |                                    |               |
|--------------------|--|----------------------------------|-------|------------------------------------|---------------|
| <b>AMENDMENT B</b> |  | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|                    | Total  |                                  | Minus |                                    |               |
|                    | Independent  |                                  | Minus |                                    |               |
|                    | <b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X42=             |                | OR | X84=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|                    |  |                                  |       |                                    |               |
|--------------------|--|----------------------------------|-------|------------------------------------|---------------|
| <b>AMENDMENT C</b> |  | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|                    | Total  |                                  | Minus |                                    |               |
|                    | Independent  |                                  | Minus |                                    |               |
|                    | <b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X42=             |                | OR | X84=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1